



242 State House
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Indianapolis, Indiana 46204

888-860-6242
800-765-7600 fax
www.trustindiana.in.gov

Bank Amendment Form

Date Effective: ____ / ____ / ____

Name of Public Entity: _____

Participant Account #: _____

Please ☐ **ADD** / ☐ **DELETE** the following bank information for the named entity:

(Check one box)

<i>Bank Name</i>	<i>ABA Number</i>
<i>Bank Account Number(s)</i>	<i>Special Bank Wire Instructions (If Needed)</i>
_____	_____
_____	_____
_____	_____
<i>Bank Address (Street, City, State, Zip Code)</i>	

<i>Bank Contact</i>	<i>Telephone Number</i>
_____	() _____
	<i>Extension</i>

Authorized wire and bank accounts approved by:

_____	_____	____ / ____ / ____
<i>Signature</i>	<i>Title</i>	<i>Date</i>

Please fax this form to TrustIndiana Client Services at 800-765-7600.